

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>ff</i>	1020	01/16/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/16/01
2	✓	✓	1/16/01
3	✓	✓	1/16/01
4	✓	✓	1/16/01
5	✓	✓	1/16/01
6	✓	✓	1/16/01
7	✓	✓	1/16/01
8	✓	✓	1/16/01
9	✓	✓	1/16/01
10	✓	✓	1/16/01
11	✓	✓	1/16/01
12	✓	✓	1/16/01
13	✓	✓✓✓	
14	✓	✓✓✓	
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BEST AVAILABLE COPY

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here